



PATENT

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

APPLICANTS: Pierfrancesco La Mura, et al.  
APPLICATION NO.: 09/642,078  
FILING DATE: August 18, 2000  
TITLE: Enhanced Auction for Online Transactions  
EXAMINER: Nicholas D. Rosen  
GROUP ART UNIT: 3625  
ATTY. DKT. NO.: 23050-09085

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: Nov 14, 2005 By: Laura Majerus  
Laura A. Majerus, Reg. No.: 33,417

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RESPONSE TO NOTICE REQUIRING EXCESS CLAIMS FEES

SIR:

Responsive to the Notice Requiring Excess Claims Fees dated October 31, 2005, received in the above-identified patent application, enclosed is a check in the sum of \$500. Please note that the Notice Requiring Excess Claims Fees erroneously states that there are 4 (four) independent claims. The correct total number of independent claims is 8 (eight).

Respectfully submitted,  
PIERFRANCESCO LA MURA, ET AL.

Dated: Nov 14, 2005

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11/21/2005 HTECKLU1 00000011 09642078

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GP 3625  
IFW +

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/642,078	
	Filing Date	August 18, 2000	
	First Named Inventor	Pierfrancesco La Mura	
	Group Art Unit Number	3625	
	Examiner Name	Nicholas D. Rosen	
Total Number of Pages in This Submission	4	Attorney Docket Number	23050-09085

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ]
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<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Response to Notice Requiring Excess Claims Fees
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SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>Laura Majerus</i>	
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33,417	Dated: 11/14/05

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Signature:	<i>Laura Majerus</i>	
Typed or Printed Name:	Laura A. Majerus	Dated: 11/14/05
Express Mail Mailing Number (optional):		

